

Return to: <i>(Keep last copy for your records.)</i> TASC, DCRT, Natl. Institutes of Health Building 12A, Room 1017 12 SOUTH DR MSC 5605 BETHESDA, MD 2892-5605 (301) 594-3278 (301-594-DCRT)	DCRT Information Change Notice	DCRT Account No.			

A. Requester *(Contact person)*

Name	Address	Area Code and Phone No. <i>(Use commercial, not FTS, number.)</i>

B. Requested Action *(Check appropriate block.)*
☐ **1. Change Account Sponsor or Alternate**

New account sponsor's name _____

New alternate sponsor's name _____

Address _____

Area Code, _____
Phone No. _____

☐ **2. Reassignment of Initials**

Initials to be reassigned _____

New user's name _____

Address _____

Area Code, _____
Phone No. _____

☐ **3. Invalidation of Initials**
Data sets, migrated data sets, and tapes must be removed before initials can be invalidated.

Invalidated Initials _____

User's name _____

☐ **4. Deactivation of Account**
Data sets, migrated data sets, and tapes must be removed before initials can be invalidated.

Account number _____

☐ **5. Change CAN Number**

New CAN number _____

☐ **6. Change of Address**

User's name _____ Registered Initials _____

New address _____ Area Code, _____
Phone No. _____

☐ **7. Other** *(specify)*

C. Authorization	Name of Sponsor or Alternate Sponsor	Signature	Date